

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. 00862.023155
		First Named Inventor or Application Identifier
		MAKOTO KOBAYASHI ET AL.
		Express Mail Label No.

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO:	Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450															
<p>1. <input type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification Total Pages 34</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets 6</p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration Total Pages 3</p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)</p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>																
ACCOMPANYING APPLICATION PARTS <table border="0"> <tr> <td>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</td> <td>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)</td> <td><input type="checkbox"/> Power of Attorney</td> </tr> <tr> <td>11. <input type="checkbox"/> English Translation Document (if applicable)</td> <td>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449</td> <td><input type="checkbox"/> Copies of IDS Citations</td> </tr> <tr> <td>13. <input type="checkbox"/> Preliminary Amendment</td> <td colspan="2">14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</td> </tr> <tr> <td colspan="3">15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</td> </tr> <tr> <td colspan="3">16. <input type="checkbox"/> Other: _____</td> </tr> </table>				9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)	<input type="checkbox"/> Power of Attorney	11. <input type="checkbox"/> English Translation Document (if applicable)	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations	13. <input type="checkbox"/> Preliminary Amendment	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)			16. <input type="checkbox"/> Other: _____		
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16. <input type="checkbox"/> Other: _____																		

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Prior application information: Continuation Divisional Continuation-in-part (CIP) of prior application No. ____/_____
Examiner _____ Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		05514 (Insert Customer No. or Attach bar code label here)	
		or <input type="checkbox"/> Correspondence address below	
NAME			
Address			
City		State	
Country		Telephone	
Zip Code		Fax	

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	13-20 =	0	X \$ 18.00 =	\$000.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	4-3 =	1	X \$ 84.00 =	\$84.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			\$280.00 =	\$000.00
				BASIC FEE (37 CFR 1.16(a))	\$750.00
				Total of above Calculations =	\$834.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				
				TOTAL =	\$834.00

19. Small entity status

- a. A small entity statement is enclosed
- b. A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. Is no longer claimed.

20. A check in the amount of \$ 834.00 to cover the filing fee is enclosed.21. A check in the amount of \$ 40.00 to cover the recordal fee is enclosed.

22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- a. Fees required under 37 CFR 1.16.
- b. Fees required under 37 CFR 1.17.
- c. Fees required under 37 CFR 1.18.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Frank A. DeLucia (Reg. No. 42,476)
SIGNATURE	
DATE	July 28, 2003